

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/5/9292

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		2				
8		2				
9		2				
10		4				
11		4				
12		4				
13		4				
14		8				
15		8				
16		8				
17		8				
18		8				
19	1					
20	1					
21	1	1				
22	1	1				
23		1				
24		1				
25	1					
26	1					
27		7				
28		1				
29		1				
30		4				
31	1					
32		1				
33						
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47						
48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	36					
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						